

complications in the ICU. For example, a patient who was diabetic and admitted after a left hemicolectomy due to an ischemic gut was left hyperglycemic for over 12 hours. This was not just her responsibility alone. I expect the nurses to come to the residents about these problems, but ultimately it is the physicians responsibility. We are a Surgical ICU, we need to optimize wound healing. Another example is a patient who was hypotensive secondary to bleeding, HCT turned out to be 17, taken back to the OR at night. The attending needs to be made aware of these issues.

Additional Comments:

Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: Many of her co residents complained that she did not carry her own weight and had to be told repeatedly to complete tasks. In a couple instances, even though she was given numerous chances, I was told she was too busy handling personal business and the other residents completed the work.

Explanation for a score of 2 out of 5 for the Patient Care: At at the level of a CA-2 1/2 at performing technical tasks. Struggled with a-lines, seemed very unfamiliar with placing an introducer.

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Tracy Bartone, Anesthesiology - General: came in to do extra night of call to help intern, great, has a tendency to loose sight of the big picture

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Gerald Jonsyn, Anesthesiology - General: She is a rather hardworking resident with tremendous potentials.

Resident Acknowledgement: Thank you -. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Gerald Jonsyn, Anesthesiology - General: She has definitely demonstrated improvement in her clinical and leadership skills.

Resident Acknowledgement: thank you -. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Kathleen Cho, Anesthesiology - General: Sara worked hard and did read the material needed to gain a solid knowledge base in TEE. I found that she lacked concentration & had difficulty making quick critical decisions that affected patient care. She has difficulty in the OR with multitasking and thinking ahead. I also felt that Sara's technical skills (ie placing central lines, a lines, peripheral IVs) was not up to par for her level of training.

Additional Comments:

Explanation for a score of 2 out of 5 for the Medical Knowledge: See note below

Explanation for a score of 2 out of 5 for the Patient Care: See note below

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Peter Adamek, Anesthesiology - General: good job

Resident Acknowledgement: thank you thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Rachel Parks, Anesthesiology - General: good job

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Kathleen Cho, Anesthesiology - General: Needs to work on clinical decision making.

Resident Acknowledgement: thanks ?. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Jeffrey Grass, Anesthesiology - General: Concentrate on the basics. Be prepared for cases with extra IV bags, a-line ready to go, DL ETT set up, etc. Continue to read.

Resident Acknowledgement: thanks - interesting/busy day. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

<p>Peter Matgouranis, Anesthesiology - General: busy thoracic room..gained double lumen experiences Resident Acknowledgement: Thanks, always learn something practical and useful working with you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Kathleen Cho, Anesthesiology - General: See other comments. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Rachel Parks, Anesthesiology - General: no comment Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Peter Matgouranis, Anesthesiology - General: busy call evening Resident Acknowledgement: Thanks -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Carl Forrest, Anesthesiology - General: Good job overall. Prioritizes well. Suggest: trying to pick up the pace somewhat; also suggest continued reading in this subject area. Resident Acknowledgement: thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Irving Hirsch, Anesthesiology - General: she seems tentative in her decision making and actions, thus not allowing me to have confidence in her abilities. Resident Acknowledgement: thank you. wouldn't say I felt tentative clinically, mainly not sure initially where to find things I needed. . I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Kathleen Cho, Anesthesiology - General: See other comments from today. Additional Comments: Explanation for a score of 2 out of 5 for the Medical Knowledge: Needs to think ahead and act quickly to prevent potential perioperative complications. Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Raymond Graber, Anesthesiology - General: During her TEE month, Sarah demonstrated that she was reading and learned alot during the rotation. Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Mark Zahniser, Anesthesiology - General: Strengths: Unable to ascertain Weaknesses: Slow, unprepared, seems to have deficient knowledge of management of sick, complicated cases. Poor knowledge of equipment and its use. More interested in looking at the TEE than managing the actual patient. Additional Comments: Explanation for a score of 2 out of 5 for the Medical Knowledge: Patient was unstable, resident seemed unaware, more concerned with TEE. Explanation for a score of 1 out of 5 for the Medical Knowledge: Did not notice problems when I left the room, seems unable to anticipate problems. Explanation for a score of 2 out of 5 for the Medical Knowledge: Lack of effective care demonstrates this lack of useful knowlege. Explanation for a score of 2 out of 5 for the Patient Care: <i>No comments provided</i> Resident Acknowledgement: Concerns were not discussed with me at the time. Have not worked with Dr Zahniser much, however I don't feel this is an accurate assessment of my ability to manage patients in this clinical setting. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>

<p>James Rowbottom, Anesthesiology - General: thoughtful participation. Needs to expand to more total service perspective. May want to start taking more responsibility for the whole service. Keep reading on ICU topics.</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Sarah is a very nice person, however she has not made work her priority.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Professionalism: She was not punctual.</p> <p>Resident Acknowledgement: Comments Not Available</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Matthew Norcia, Anesthesiology - General: Appears more comfortable and aggressive with clinical decision making and developing plans for difficult cases.</p> <p>Resident Acknowledgement: Thank you, I appreciate your confidence. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Howard Nearman, Anesthesiology - General: There is no question that Sarah is extraordinarily bright and can do whatever she sets her mind to do. She can be a hard worker and is usually good with details. She often, although, gives the impression that her thought processes are elsewhere. She is a potential star - she just needs to focus more on the matters at hand.</p> <p>Resident Acknowledgement: Thank you! I will certainly acknowledge that February was a distracting month for me for non-work-related reasons. I anticipate things will be a bit more settled -. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Matthew Norcia, Anesthesiology - General: I was not in the ICU on those dates</p> <p>Resident Acknowledgement: I'm sure you stopped by to visit a few times -. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Gerald Jonsyn, Anesthesiology - General: Her overall performance was rather disappointing, definitely just below the level of her class. Her leadership and clinical skills and judgements were comparatively poor. She was neither reliable nor accountable and dependable during this rotation. She would disappear during work hours without any explanation, compromising patient care. When confronted with the facts of her questionable performance and behavior, she became evasive, argumentative and she offered only excuses. Therefore, it was very difficult to offer her positive directives for her personal improvement</p> <p>Additional Comments:</p> <p>Resident Acknowledgement: Dr Jonsyn and I have not yet had opportunity to discuss these issues, however, I agree there were significant difficulties with communication, for which I take some responsibility. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Confidential Comments: Comments visible to program director only</p> <p>Program Director Comments: Comments Not Available</p>
<p>Evan Goodman, Anesthesiology - General: Fine job all around.</p> <p>Resident Acknowledgement: Thanks very much for your confidence. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Susan Dumas, Anesthesiology - General: would have liked to see Sarah be a more active senior resident</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Lora Levin, Anesthesiology - General: Helpful with junior residents. Has a nice epidural/CSE technique. Now could work on speeding up her placements.</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Confidential Comments: Comments visible to program director only</p> <p>Program Director Comments: Comments Not Available</p>
<p>Evan Goodman, Anesthesiology - General: Excellent job placing epidurals.</p>

Resident Acknowledgement: Thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Barbara Dabb, Anesthesiology - General: Nothing to add Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Occasionally difficult to find her for help with patients when admitting for procedures or discharging patients. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Dr Aronsen was very pleasant to work with and had a great attitude. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Salim Hayek, Pain Management: Can improve in responsiveness and efficiency Resident Acknowledgement: thanks -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
Patrick McIntyre, Pain Management: I am happy with Dr. Aronson's performance. She developed a very nice rapport with most of the patients she saw in clinic. Dr. Aronson brings many years of experience in family medicine and psychiatry with her which is a nice background for the field of pain medicine. Resident Acknowledgement: Thanks, it was a pleasure to work with you - I admire your balance of efficiency, clinical skill, and ability to communicate and connect with your patients. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Joshua Goldner, Pain Management: focus on problem at hand. efficiency could be improved. Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Al-Amin Khalil, Anesthesiology - General: Dr. sarah understands patient suffering and tries to help them Resident Acknowledgement: Thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Peter Adamek, Anesthesiology - General: biggest weakness is awareness of time and efficiency is and continues to be lacking. anesthesia is a team sport, we all depend on quick work that is also accurate. it is important during residency to practice speed while under supervision. I believe the adage "it is hard to teach an old dog a new trick" applies. this anesthesia is on the other extreme of speed from family practice and psych. for example, when a patient is exsanguinating from a ruptured spleen one must recognise this and act quickly. setting up the room completely and talking to the patient at length is not appropriate. decision making at times needs to be quick. anyway this is some things for you to practice this last year. good luck. peter. Additional Comments: Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: unable to multitask in a timely manner. Explanation for a score of 2 out of 5 for the Medical Knowledge: may be unable to realise patient is in bad shape, although this is difficult at times. Explanation for a score of 2 out of 5 for the Medical Knowledge: like death due to bleeding out. Explanation for a score of 2 out of 5 for the Medical Knowledge: ability to multitask while on call is in question. Explanation for a score of 2 out of 5 for the Patient Care: see above, perhaps more trauma anesthesia cases would help all the residents as a group Explanation for a score of 2 out of 5 for the Patient Care: see above Explanation for a score of 2 out of 5 for the Professionalism: again multitasking is in need of help. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
David Dinlenny, Anesthesiology - General: tneimmoc on

Resident Comments

Page 23 of 30

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Jeffrey Grass, Anesthesiology - General: Strong performance with some very challenging cases. Resident Acknowledgement: thanks - interesting night -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: luoy knaht. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Jeffrey Grass, Anesthesiology - General: Excellent job with very complex cases on a very busy call night. Resident Acknowledgement: learned lots - good experience. thanks -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Mark Zahniser, Anesthesiology - General: No comments. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: thank. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology - General: tne mmoc on Resident Acknowledgement: knaht uoy yrev hcum. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Sheryl Modlin, Anesthesiology - General: good day, very helpful. Resident Acknowledgement: thanks, I appreciate the opportunity -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Barbara Dabb, Anesthesiology - General (Rotation: Anesthesia): no additional comments Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Great resident to work with. Attentive to detail and well informed about her patients. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available

<p>Peter Matgouranis, Anesthesiology - General (Rotation: Anesthesia): Sarah shared responsibilities with CAI and took on more supervising roles Resident Acknowledgement: thanks, always appreciate working with Dr Matgouranis. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Michael Altose, Anesthesiology - General (Rotation: Anesthesia): Good work placing an epidural in a challenging patient with ease. Resident Acknowledgement: thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Girish Mulgaokar, Anesthesiology - General (Rotation: Anesthesia): very good Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Ready to be an attending. Technical skills very much improved. Resident Acknowledgement: Thank you - I. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Barbara Dabb, Anesthesiology - General (Rotation: Anesthesia): no additional comments Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Matthew Norcia, Anesthesiology - General (Rotation: Anesthesia): Dr Aronson shows hesitancy in stating her opinion or making decisions in the SICU. I think she knows the answer but has trouble getting it out in a speedy fashion. Resident Acknowledgement: Thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>James Rowbottom, Anesthesiology - General (Rotation: Anesthesia): busy rotation - sarah needs to take a greater leadership role at her level of training. She is technically capable and will need to further develop teaching skills for more junior colleagues. Resident Acknowledgement: I agree - working on that. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>
<p>Gerald Jonsyn, Anesthesiology - General (Rotation: Anesthesia): Dr Sarah Aronson clinical performance has been relatively poor to just below average during this rotation. She demonstrated rather low self confidence and subsequently management of her patients was just below the average standard. However, I will give her the benefit of the doubt at this time and accept her rather poor performance with the understanding that her leadership and clinical skills will improve in the future. Resident Acknowledgement: no comment. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>
<p>Matthew Norcia, Anesthesiology - General (Rotation: Anesthesia): Verbal responses to many questions or statements are delayed, including straight forward issues. She usually gets the work done but it takes considerably longer than expected. I have not had the opportunity to see Dr Aronson perform in a critical situation so I'm not sure if she could respond appropriately. This leads me to conclude that she does not perform at the level of a CA3 in the last six months of her training. Additional Comments: Explanation for a score of 2 out of 5 for the Patient Care: see comments Explanation for a score of 2 out of 5 for the Overall/Summary: see comments Resident Acknowledgement: Thank you for your comments. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Gerald Jonsyn, Anesthesiology - General (Rotation: Anesthesia): Dr Sarah Aronson clinical performance was definitely substandard for her level during this rotation. She does not take any responsibility for her actions nor did she accept any leadership role for the service or the team. Her patient care management leaves a lot to be desired. I had some meetings with her and the rest of the team during this rotation just to highlight her weaknesses and subsequently the weaknesses of</p>

the team and the questionable patient care she was providing. But unfortunately Dr. Aronson, clinical performance did not improve. Actually she functioned as if she was a PGY1 throughout the entire rotation.

Additional Comments:

Explanation for a score of 2 out of 5 for the Medical Knowledge: *No comments provided*

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement: *No comments provided*

Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement: *No comments provided*

Resident Acknowledgement: I have submitted my comments regarding this rotation previously. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Gerald Jonsyn, Anesthesiology - General (Rotation: Anesthesia): Dr Sarah Aronson clinical performance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknesses and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She acknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat this school year or transfer to another program or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt.

Additional Comments:

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement: *No comments provided*

Resident Acknowledgement: no comment. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Dr. Aronson performed several nerve blocks with me while she was on the Acute Pain service. She was interested in learning and doing, and was improving her technique. My main criticism is that the procedures seemed to take her longer than many of the other residents; however, she made up for this by diligently spending ample time when necessary to complete the blocks, even after hours. I do not recall any block failures; i.e. her blocks worked. Her performance with me on this service was safe and professional.

Resident Acknowledgement: Thank you for your comments. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Dr. Aronson performed several nerve blocks with me while she was on the Acute Pain service. She was interested in learning and doing, and was improving her technique. My main criticism is that the procedures seemed to take her longer than many of the other residents; however, she made up for this by diligently spending ample time when necessary to complete the blocks, even after hours. I do not recall any block failures; i.e. her blocks worked. Her performance with me on this service was safe and professional.

Resident Acknowledgement: Thank you very much - SCA. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Strong performance on a busy block rotation.

Resident Acknowledgement: thank you very much. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Adam Haas, Anesthesiology - General (Rotation: Anesthesia): refer to previous note

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Subhalakshmi Sivashankaran, Anesthesiology - General (Rotation: Anesthesia): good to work with.

Resident Acknowledgement: Thanks very much, I always learn something new working with you. I appreciate your

<p>confidence. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Michael Altose, Anesthesiology - General (Rotation: Anesthesia): Good job keeping up with a difficult case. Good management of blood loss / resuscitation, hypotension of unclear etiology, and puzzling pulmonary findings. Resident Acknowledgement: thanks, always enjoy working with you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Mark Zahniser, Anesthesiology - General (Rotation: Anesthesia): Overall everything went OK the last 2 days in the OR. Sarah seemed to be able to keep up, however, she is slower than expected at this level. Technically she is also not up to where she needs to be. She had trouble with arterial lines and did not seem to understand the equipment used to put them in.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Patient Care: Please see comments below.</p> <p>Resident Acknowledgement: Thank you for your comments. I did have difficulty with one a-line. I have a full understanding of the equipment involved. I would appreciate specific feedback regarding speed, however, as it's not clear what your concern is. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Mark Zahniser, Anesthesiology - General (Rotation: Anesthesia): No comments. Resident Acknowledgement: thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Good job. No deficiencies identified. Suggest: continued reading. Resident Acknowledgement: Thanks very much -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Carl Forrest, Anesthesiology - General (Rotation: Anesthesia): Appropriate care rendered. Needs to work at a somewhat faster pace. But, otherwise no problems noted. Suggest: further reading. Resident Acknowledgement: Thank you,. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Peter Adamek, Anesthesiology - General (Rotation: Anesthesia): good job Resident Acknowledgement: Thanks very much. I learned a lot. Miss working with you more regularly. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Excellent knowledge base. Satisfactory clinical skills to begin attending anesthesia practice. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Progressing at satisfactory rate. Ready for independent practice. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>David Rapkin, Anesthesiology - General (Rotation: Anesthesia): Excellent job with the intubation and a-line, and with the management of the case. Resident Acknowledgement: thanks very much, I appreciate your confidence. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Jeffrey Grass, Anesthesiology - General (Rotation: Anesthesia): Satisfactory skills and excellent knowledge base. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>

Kasia Rubin, Anesthesiology - General (Rotation: Anesthesia): Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Additional Comments:

Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Explanation for a score of 2 out of 5 for the Medical Knowledge: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Explanation for a score of 1 out of 5 for the Medical Knowledge: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Explanation for a score of 2 out of 5 for the Medical Knowledge: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Explanation for a score of 1 out of 5 for the Patient Care: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Explanation for a score of 1 out of 5 for the Patient Care: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Explanation for a score of 1 out of 5 for the Professionalism: Please see confidential comments. These have been brought up with the resident on the day of occurrence and behavior has been reviewed.

Resident Acknowledgement: We clearly did not have a good working relationship on this day, and we had some differences of opinion on how to manage the patient's anesthetic. I would disagree with such a broad and extreme denigration of my clinical and professional ability. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Matthew D. Kellems, Anesthesiology - General (Rotation: Anesthesia): nothing to add

Resident Acknowledgement: thanks - enjoy working with you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Susan Dumas, Anesthesiology - General (Rotation: Anesthesia): did ok technique still slow and at times unsure

Resident Acknowledgement: I did not feel unsure at any point, would appreciate feedback at the time if that's your impression. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Adam Haas, Anesthesiology - General (Rotation: Anesthesia): fine job

Resident Acknowledgement: thanks very much. always appreciate working with you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Paul Tripi, Anesthesiology - General (Rotation: Anesthesia): I listed no interaction for several categories because this was a very busy day and Sarah only did one or two cases with me. She managed these case appropriately and without difficulty. She was also bumped around the O.R., and accepted these additional assignments without complaint.

Resident Acknowledgement: thank you, I always appreciate working with you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Anjali Adur, Anesthesiology - General (Rotation: Anesthesia): Sarah has improved significantly. She was able to turn over the room efficiently and was clinically good. her IV skills and intubations were appropriate for her level. she accepted added cases without any fuss and is always willing to work. she did a good job of giving report to pacu staff and was thorough in her charting.

Resident Acknowledgement: thank you - I appreciate working with you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Matthew D. Kellems, Anesthesiology - General (Rotation: Anesthesia): Sarah conducted both cardiac cases well today. She was very efficient with line placement, and worked well as an intraoperative team member. She also made the very important suggestion of performing epicardial echocardiography in a patient in which TEE was contraindicated. Much improved from previous interaction.

Resident Acknowledgement: thanks, appreciate it. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Lisa Hacker, Anesthesiology - General (Rotation: Anesthesia): I was shocked for her level of training that she did not take the time to familiarize herself with the procedure she was providing the anesthesia for, nor did she understand the implications

of the procedure regarding her vascular access and pain control. Also once we discussed the plan she failed to implement it which to me shows her inability to communicate effectively with the surgeons, her lack of understanding of the severity of possibility of bleeding and complications by not protecting the patient and obtaining vascular access, and her lack of taking any sort of responsibility.

Additional Comments:

Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: We had major issues with communication. She still isn't able to communicate a concise, patient appropriate anesthetic plan. Also, one of our major issues, the fact that she didn't obtain adequate vascular access was because she failed to communicate with the surgical service.

Explanation for a score of 1 out of 5 for the Interpersonal and Communication Skills: "Not moving fast enough" which I would agree that she needs to be much more efficient to be effective, is not an acceptable reason to not provide a patient with appropriate vascular access. She needed to let the surgical service know she needed more time, and if that was a problem she should have called me. Also, because of the nature of the case, she should have communicated with the surgical service the night before to see if they anticipated the need for a thoracic epidural. This take additional time and prep in the morning that should be addressed before 7AM

Explanation for a score of 2 out of 5 for the Medical Knowledge: Although I think you can use most induction drugs for any patient, depending on the dose, her justification for choosing etomidate was a history of CAD even though the patient had no history of HF and EF was $\geq 50\%$. I think other drugs would be a much better choice.

Explanation for a score of 1 out of 5 for the Medical Knowledge: I can't think of anyone who would think it was reasonable to do a liver biopsy, possible resection, and tri incisional esophagectomy with just an 18G PIV. The fact that the patient has liver disease puts her at risk for possible cirrhosis and varices and an increased risk for bleeding from them as well as possible coagulopathy. Not to mention the longer procedure to follow.

Explanation for a score of 1 out of 5 for the Medical Knowledge: See above. In addition, this is a patient who was probably a smoker, who is may have an open thoracotomy so we may be dealing with lung disease and splinting post op. When I tried to steer her in the direction of how these things may change our anesthetic plan she never realized that we may need to change our way of treating post operative pain.

Explanation for a score of 1 out of 5 for the Medical Knowledge: as above

Explanation for a score of 1 out of 5 for the Patient Care: As above

Explanation for a score of 1 out of 5 for the Patient Care: If you look at the OR in time to surgical incision time she had adequate time to intubate and place lines. This didn't happen.

Explanation for a score of 1 out of 5 for the Patient Care: She did not seem to be concerned that we didn't have adequate access. When I asked why the central line wasn't placed she said "I guess I wasn't fast enough" Not acceptable!

Explanation for a score of 1 out of 5 for the Professionalism: Detailed at length above

Resident Acknowledgement: Comments Not Available

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

Optional Confidential Comments

Aronson, Sarah (PGY - 3)

needs a little more help with the "flow" of the case.....I think working one day with Dr. Adamek would do it....

Sarah did not approach me the day before surgery, actually I approached her. Sarah did show up and set up the room. She did not discuss the anesthetic management of this case with me (I do not know if she did with dr capdeville). She did not appear to have read anything about this case. She actually appeared to be disinterested. when I instructed her to give less vecuronium during this case due to how short it is, she went ahead and gave additional vecuronium because the patient had twitches. I only worked with her once, in one case, so maybe I got her on a bad day.

Lisa Hacker, Anesthesiology - General: I also felt she was not taking into account the pathophysiology of the patient when deciding on what drugs to give. I really don't think she is interested in clinical anesthesia at all.

Lora Levin, Anesthesiology - General: It has been really hard to engage Sarah on the floor. At least she is physically on the floor now, but doesn't really pay attention to what's going on. She has no sense of urgency and doesn't give the impression that she knows what's going on and is on top of things. She will need A LOT of close supervision when she takes call.

Raymond Graber, Anesthesiology - General: I had three rooms, and am still recovering from a patella fracture. I did not appreciate her lateness.

Lora Levin, Anesthesiology - General: I was really pleasantly surprised by how well Sarah worked on call. Still has a slower reaction than others, but provided excellent patient care.

Lisa Hacker, Anesthesiology - General: I've worked with interns that do a better job in the ICU. She seems to have a very difficult time completing her thoughts. Technically, she did not know which kit was a Cordis kit or the components contained within. She also needed to be told the sequence of events step by step to do the line. Ultimately, she was not

able to cannulate the vein....but that was the least of my worries. Also, she was very unfamiliar with the PA waveforms.
Mark Zahniser, Anesthesiology - General: My opinion is that this resident is fundamentally unsound. Here are my comments: 1. Patient brought with 1 transducer for the CVP/PA. Resident did not recognize this—I had to discover and help correct. 2. Cardiac Output didn't work—had to have tech come and discover that the cable was not plugged into the PA catheter. 3. PaO2 about 84mm Hg on FIO2 of 1.0—resident then puts patient on 1:1 air/O2. 4. Resident trying to get pulse ox to work on bypass. 5. Resident trying to look at mitral valve on bypass—heart was beating but empty. 6. ST analysis not on. 7. General unfamiliarity with monitors and pumps. 8. Looking at TEE while I am doing the case. 9. I left the room post CPB, blood pressure in the 90's and PA's 30.....I came back and BP in the 70's, PA 23.....resident looking at TEE, not treating/unaware of problem. 10. Resident not ready for transport. 11. Resident asked no questions during the case—despite her terrible performance she seemed unaware there was any problem. In summary, a CRNA would have been 10x more helpful.
Gerald Jonsyn, Anesthesiology - General: Her overall performance was rather disappointing, definitely just below the level of her class. Her leadership and clinical skills and judgements were comparatively poor. She was neither reliable nor accountable and dependable during this rotation. She would disappear during work hours without any explanation, compromising patient care. When confronted with the facts of her questionable performance and behavior, she became evasive, argumentative and she offered only excuses. Therefore, it was very difficult to offer her positive directives for her personal improvement.
Lora Levin, Anesthesiology - General: Has no sense of urgency.
Salim Hayek, Pain Management: I am confident that Dr. Aronson has no interest in Pain Medicine but given my observations of her performance and acute responsiveness, I would have major concerns with her being an Anesthesiologist. She does not appear to have the vigilance and temperament that is part and parcel of Anesthesiology practice.
Peter Adamek, Anesthesiology - General: see comments to resident
Mark Zahniser, Anesthesiology - General: This resident is your worst one...her basics are very weak. She needs to be in only basic cases.
James Rowbottom, Anesthesiology - General: Many issues surrounding her month in the unit - continued friction with Dr. Jonsyn and not taking responsibility for patients in the unit. As we have discussed.
Gerald Jonsyn, Anesthesiology - General: Dr Sarah Aronson clinical performance has been relatively poor to just below average during this rotation. She demonstrated rather low self confidence and subsequently management of her patients was just below the average standard. However, I will give her the benefit of the doubt at this time and accept her rather poor performance with the understanding that her leadership and clinical skills will improve in the future.
Gerald Jonsyn, Anesthesiology - General: Dr Sarah Aronson clinical performance was definitely substandard for her level during this rotation. She does not take any responsibility for her actions nor did she accept any leadership role for the service or the team. Her patient care management leaves a lot to be desired. I had some meetings with her and the rest of the team during this rotation just to highlight her weaknesses and subsequently the weaknesses of the team and the questionable patient care she was providing. But unfortunately Dr. Aronson, clinical performance did not improve. Actually she functioned as if she was a PGY1 throughout the entire rotation.
Gerald Jonsyn, Anesthesiology - General: Dr Sarah Aronson clinical performance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknesses and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She acknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat this school year or transfer to another program or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt.
Carl Forrest, Anesthesiology - General: See comments above. Regarding Dr. Aronson, there were no huge deficiencies noted while she was on the Acute Pain service; she just needed to move faster.
Carl Forrest, Anesthesiology - General: See comments above. Regarding Dr. Aronson, there were no huge deficiencies noted while she was on the Acute Pain service; she just needed to move faster.
Kasia Rubin, Anesthesiology - General: 1. I was working with Dr. Aronson on a neurosurgical case. I believe it was a Chiari I decompression on a morbidly obese teenager. I told Dr. Aronson that we would try for an a-line once, but if it didn't seem to go easily, it was certainly not necessary. We were unable to obtain an arterial line, and aborted the procedure. The patient was then positioned prone, with her head in tongs, with much difficulty. The case progressed appropriately, and then two issues occurred. I left for about an hour to 90 minutes to take care of my other room, which had multiple cases, and faster turnover. I returned and found that Dr. Aronson had placed an arterial line without consulting me, and worse, had been recording inaccurate blood pressures of 85/75 off a line with a nearly non-existent wave-form. It never occurred to her that not only were these completely inaccurate pressures, but that she shouldn't be documenting them in the chart. It took a good 5

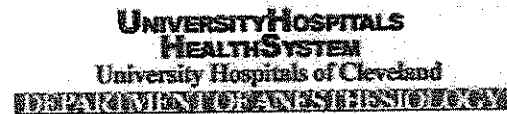
minutes of even explaining why this was a problem before she comprehended the idea. We fixed the problem by recording NIBP measurements. I left, and returned after about 20 - 30 minutes. At this point, the patient was on less than 1MAC of anesthetic (0.5% Sevo with 100mcg/kg/min Propofol - strange combination, not my idea, but...) I asked Dr.Aronson if the patient was paralyzed. She said yes. I asked how she could tell. She said, well, the patient had been paralyzed at the start of the case, but she hadn't redosed since. So. This was then an obese patient, in tongs, on very little anesthetic, and not paralyzed, with a case that was nowhere near closing. I adjusted the vaporizers and instructed Dr.Aronson to call me before giving any medications or making any adjustments. 2. The other case during which I had specific interaction with Dr.Aronson was one that I took over from a colleague, Dr.Berkelheimer. Sign out from Dr.Aronson informed me that they were "running the patient dry." This was a 60kg male, and they were in their 7th hour of surgery. This patient had received at this point 4L of LR, 2 hespan, a unit of blood, and 250 of Albumin. I had a case next door that I was also "running on the dry side." That patient at the same time point, with similar blood loss, had received less than 2L of LR. It was no wonder that the Hct was low, and we needed to give Lasix to draw out the excess fluid, after Dr.Aronson was relieved. She did not understand the situation, and it was far too difficult to even explain it to her.

Lisa Hacker, Anesthesiology - General: I would not feel comfortable with her providing anesthesia without direction.

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Resident Comments All Evaluations



UHC - Department of Anesthesiology

[Print Report](#)
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Report Date Range: 12/27/2007 - 10/13/2008

Report Date/Time: 10/13/2008 5:23:30 PM

Comments

<p>Aronson, Sarah (PGY - 3) CAS</p> <p>Irving Hirsch, Anesthesiology: she seems tentative in her decision making and actions, thus not allowing me to have confidence in her abilities. Resident Acknowledgement: thank you. wouldn't say I felt tentative clinically, mainly not sure initially where to find things I needed. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p> <p>Kathleen Cho, Anesthesiology: See other comments from today.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Medical Knowledge: Needs to think ahead and act quickly to prevent potential perioperative complications.</p> <p>Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p> <p>Raymond Graber, Anesthesiology: During her TEE month, Sarah demonstrated that she was reading and learned alot during the rotation. Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p> <p>Mark Zahniser, Anesthesiology: Strengths: Unable to ascertain Weaknesses: Slow, unprepared, seems to have deficient knowledge of management of sick, complicated cases. Poor knowledge of equipment and its use. More interested in looking at the TEE than managing the actual patient.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Medical Knowledge: Patient was unstable, resident seemed unaware, more concerned with TEE. Explanation for a score of 1 out of 5 for the Medical Knowledge: Did not notice problems when I left the room, seems unable to anticipate problems. Explanation for a score of 2 out of 5 for the Medical Knowledge: Lack of effective care demonstrates this lack of useful knowlege. Explanation for a score of 2 out of 5 for the Patient Care: No comments provided</p> <p>Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p> <p>James Rowbottom, Anesthesiology: thoughtful participation. Needs to expand to more total service perspective. May want to strat taking more responsibility for the whole service. Keep reading on ICU topics. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p> <p>Sarah is a very nice person, however she she has not made work her priority.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Professionalism: She was not punctual.</p> <p>Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available</p>

<p>Program Director Comments: Comments Not Available</p> <p>Matthew Norcia, Anesthesiology: Appears more comfortable and aggressive with clinical decision making and developing plans for difficult cases.</p> <p>Resident Acknowledgement: Thank you, I appreciate your confidence. . I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Howard Nearman, Anesthesiology: There is no question that Sarah is extraordinarily bright and can do whatever she sets her mind to do. She can be a hard worker and is usually good with details. She often, although, gives the impression that her thought processes are elsewhere. She is a potential star - she just needs to focus more on the matters at hand.</p> <p>Resident Acknowledgement: Thank you! I will certainly acknowledge that February was a distracting month for me for non-work-related reasons. I anticipate things will be a bit more settled -. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Matthew Norcia, Anesthesiology: I was not in the ICU on those dates</p> <p>Resident Acknowledgement: I'm sure you stopped by to visit a few times -. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Gerald Jonsyn, Anesthesiology: Her overall performance was rather disappointing, definitely just below the level of her class. Her leadership and clinical skills and judgements were comparatively poor. She was neither reliable nor accountable and dependable during this rotation. She would disappear during work hours without any explanation, compromising patient care. When confronted with the facts of her questionable performance and behavior, she became evasive, argumentative and she offered only excuses. Therefore, it was very difficult to offer her positive directives for her personal improvement</p> <p>Additional Comments:</p> <p>Resident Acknowledgement: Dr Jonsyn and I have not yet had opportunity to discuss these issues, however, I agree there were significant difficulties with communication, for which I take some responsibility. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Confidential Comments: Comments visible to program director only</p> <p>Program Director Comments: Comments Not Available</p>
<p>Evan Goodman, Anesthesiology: Fine job all around.</p> <p>Resident Acknowledgement: Thanks very much for your confidence. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Susan Dumas, Anesthesiology: would have liked to see Sarah be a more active senior resident</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Lora Levin, Anesthesiology: Helpful with junior residents. Has a nice epidural/CSE technique. Now could work on speeding up her placements.</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Confidential Comments: Comments visible to program director only</p> <p>Program Director Comments: Comments Not Available</p>
<p>Evan Goodman, Anesthesiology: Excellent job placing epidurals.</p> <p>Resident Acknowledgement: Thank you -. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Barbara Dabb, Anesthesiology: Nothing to add</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Occasionally difficult to find her for help with patients when admitting for procedures or discharging patients.</p> <p>Resident Acknowledgement: Comments Not Available</p> <p>Evaluator Acknowledgement: Comments Not Available</p> <p>Program Director Comments: Comments Not Available</p>
<p>Dr Aronsen was very pleasant to work with and had a great attitude.</p>

Resident Comments

Page 3 of 5

<p>Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Salim Hayek, Pain Management: Can improve in responsiveness and efficiency Resident Acknowledgement: thanks -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>
<p>Patrick McIntyre, Pain Management: I am happy with Dr. Aronson's performance. She developed a very nice rapport with most of the patients she saw in clinic. Dr. Aronson brings many years of experience in family medicine and psychiatry with her which is a nice background for the field of pain medicine. Resident Acknowledgement: Thanks, it was a pleasure to work with you - I admire your balance of efficiency, clinical skill, and ability to communicate and connect with your patients. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Joshua Goldner, Pain Management: focus on problem at hand. efficiency could be improved. Resident Acknowledgement: thanks. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>David Dininny, Anesthesiology: tneemmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Peter Adamek, Anesthesiology: biggest weakness is awareness of time and efficiency is and continues to be lacking. anesthesia is a team sport. we all depend on quick work that is also accurate. it is important during residency to practice speed while under supervision. i believe the adage "it is hard to teach an old dog a new trick" applies. this anesthesia is on the other extreme of speed from family practice and psych. for example, when a patient is exsanguinating from a ruptured spleen one must recognise this and act quickly. setting up the room completely and talking to the patient at length is not appropriate. decision making at times needs to be quick. anyway this is some things for you to practice this last year. good luck. peter.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: unable to multitask in a timely manner. Explanation for a score of 2 out of 5 for the Medical Knowledge: may be unable to realise patient is in bad shape, although this is difficult at times. Explanation for a score of 2 out of 5 for the Medical Knowledge: like death due to bleeding out. Explanation for a score of 2 out of 5 for the Medical Knowledge: ability to multitask while on call is in question. Explanation for a score of 2 out of 5 for the Patient Care: see above, perhaps more trauma anesthesia cases would help all the residents as a group Explanation for a score of 2 out of 5 for the Patient Care: see above Explanation for a score of 2 out of 5 for the Professionalism: again multitasking is in need of help.</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>
<p>David Dininny, Anesthesiology: tneemmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>Jeffrey Grass, Anesthesiology: Strong performance with some very challenging cases. Resident Acknowledgement: thanks - interesting night -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>David Dininny, Anesthesiology: tneemmoc on Resident Acknowledgement: luoy knaht. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
<p>David Dininny, Anesthesiology: tneemmoc on</p>

Resident Comments

Page 4 of 5

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Jeffrey Grass, Anesthesiology: Excellent job with very complex cases on a very busy call night. Resident Acknowledgement: learned lots - good experience. thanks -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Mark Zahniser, Anesthesiology: No comments. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
David Dininny, Anesthesiology: tneemmoc on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
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David Dininny, Anesthesiology: tneemmoc on Resident Acknowledgement: thansk. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
David Dininny, Anesthesiology: tneemmoc on Resident Acknowledgement: knaht uoy yrev hcum. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Sheryl Modlin, Anesthesiology: good day, very helpful Resident Acknowledgement: thanks, I appreciate the opportunity -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Barbara Dabb, Anesthesiology (Rotation: Anesthesia): no additional comments Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Great resident to work with. Attentive to detail and well informed about her patients. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Peter Matgouranis, Anesthesiology (Rotation: Anesthesia): Sarah shared responsibilities with CAI and took on more supervising roles Resident Acknowledgement: thanks, always appreciate working with Dr Matgouranis. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Michael Altose, Anesthesiology (Rotation: Anesthesia): Good work placing an epidural in a challenging patient with ease. Resident Acknowledgement: thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Girish Mulgaokar, Anesthesiology (Rotation: Anesthesia): very good Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
Jeffrey Grass, Anesthesiology (Rotation: Anesthesia): Ready to be an attending. Technical skills very much improved. Resident Acknowledgement: Thank you - I. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Barbara Dabb, Anesthesiology (Rotation: Anesthesia): no additional comments

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.**Evaluator Acknowledgement:** Comments Not Available**Program Director Comments:** Comments Not Available**Optional Confidential Comments****Aronson, Sarah (PGY - 3)**

Mark Zahniser, Anesthesiology: My opinion is that this resident is fundamentally unsound. Here are my comments: 1. Patient brought with 1 transducer for the CVP/PA. Resident did not recognize this—I had to discover and help correct. 2. Cardiac Output didn't work—had to have tech come and discover that the cable was not plugged into the PA catheter. 3. PaO2 about 84mm Hg on FiO2 of 1.0—resident then puts patient on 1:1 air/O2. 4. Resident trying to get pulse ox to work on bypass. 5. Resident trying to look at mitral valve on bypass—heart was beating but empty. 6. ST analysis not on. 7. General unfamiliarity with monitors and pumps. 8. Looking at TEE while I am doing the case. 9. I left the room post CPB, blood pressure in the 90's and PA's 30.....I came back and BP in the 70's, PA 23.....resident looking at TEE, not treating/unaware of problem. 10. Resident not ready for transport. 11. Resident asked no questions during the case—despite her terrible performance she seemed unaware there was any problem. In summary, a CRNA would have been 10x more helpful.

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Peter Adamek, Anesthesiology: see comments to resident

Mark Zahniser, Anesthesiology: This resident is your worst one...her basics are very weak. She needs to be in only basic cases.

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Resident Comments All Evaluations

**UNIVERSITY HOSPITALS
HEALTH SYSTEM**
University Hospitals of Cleveland
DEPARTMENT OF ANESTHESIOLOGY

UHC - Department of Anesthesiology

Report Date Range: 12/27/2007 - 10/13/2008

Print Report

Back to Menu

Report Date/Time: 10/13/2008 5:23:30 PM

Comments

Aronson, Sarah (PGY - 3) **CA3**

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Resident Acknowledgement: thank you. wouldn't say I felt tentative clinically, mainly not sure initially where to find things I needed. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Kathleen Cho, Anesthesiology: See other comments from today.

Additional Comments:

Explanation for a score of 2 out of 5 for the Medical Knowledge: Needs to think ahead and act quickly to prevent potential perioperative complications.

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Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Raymond Graber, Anesthesiology: During her TEE month, Sarah demonstrated that she was reading and learned alot during the rotation.

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Mark Zahniser, Anesthesiology: Strengths: Unable to ascertain Weaknesses: Slow, unprepared, seems to have deficient knowledge of management of sick, complicated cases. Poor knowledge of equipment and its use. More interested in looking at the TEE than managing the actual patient.

Additional Comments:

Explanation for a score of 2 out of 5 for the Medical Knowledge: Patient was unstable, resident seemed unaware, more concerned with TEE.

Explanation for a score of 1 out of 5 for the Medical Knowledge: Did not notice problems when I left the room, seems unable to anticipate problems.

Explanation for a score of 2 out of 5 for the Medical Knowledge: Lack of effective care demonstrates this lack of useful knowlege.

Explanation for a score of 2 out of 5 for the Patient Care: No comments provided

Resident Acknowledgement: Comments Not Available

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments visible to program director only

Program Director Comments: Comments Not Available

James Rowbottom, Anesthesiology: thoughtful participation. Needs to expand to more total service perspective. May want to strat taking more responsibility for the whole service. Keep reading on ICU topics.

Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Program Director Comments: Comments Not Available

Sarah is a very nice person, however she she has not made work her priority.

Additional Comments:

Explanation for a score of 2 out of 5 for the Professionalism: She was not punctual. ?

Resident Acknowledgement: Comments Not Available

Evaluator Acknowledgement: Comments Not Available

ARON 0225

<https://www.myevaluations.com/ReportResComments.asp>

10/13/2008

EXHIBIT PP

Resident Comments

Page 2 of 3

	Program Director Comments: Comments Not Available
1/08	Matthew Norcia, Anesthesiology: Appears more comfortable and aggressive with clinical decision making and developing plans for difficult cases. Resident Acknowledgement: Thank you. I appreciate your confidence. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
2/08	Howard Neaman, Anesthesiology: There is no question that Sarah is extraordinarily bright and can do whatever she sets her mind to do. She can be a hard worker and is usually good with details. She often, although, gives the impression that her thought processes are elsewhere. She is a potential star - she just needs to focus more on the matters at hand. Resident Acknowledgement: Thank you! I will certainly acknowledge that February was a distracting month for me for non-work-related reasons. I anticipate things will be a bit more settled -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
2/08	Matthew Norcia, Anesthesiology: I was not in the ICU on these dates. Resident Acknowledgement: I'm sure you stopped by to visit a few times -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
2/08	Gerald Jonsyn, Anesthesiology: Her overall performance was rather disappointing, definitely just below the level of her class. Her leadership and clinical skills and judgements were comparatively poor. She was neither reliable nor accountable and dependable during this rotation. She would disappear during work hours without any explanation, compromising patient care. When confronted with the facts of her questionable performance and behavior, she became evasive, argumentative and she offered only excuses. Therefore, it was very difficult to offer her positive directives for her personal improvement. Additional Comments: Resident Acknowledgement: Dr Jonsyn and I have not yet had opportunity to discuss these issues, however, I agree there were significant difficulties with communication, for which I take some responsibility. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
3/08	Evan Goodman, Anesthesiology: Fine job all around. Resident Acknowledgement: Thanks very much for your confidence. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
	Susan Dumas, Anesthesiology: would have liked to see Sarah be a more active senior resident Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
	Lora Levin, Anesthesiology: Helpful with junior residents. Has a nice epidural/CSE technique. Now could work on speeding up her placements. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
	Evan Goodman, Anesthesiology: Excellent job placing epidurals. Resident Acknowledgement: Thank you -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
	Barbara Dabb, Anesthesiology: Nothing to add Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
10/08	Occasionally difficult to find her for help with patients when admitting for procedures or discharging patients. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
4/08	Dr Aronsen was very pleasant to work with and had a great attitude.

ARON 0036

Resident Comments

Page 3 of 3

	<p>Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/07	<p>Salim Hayek, Pain Management: Can improve in responsiveness and efficiency. Resident Acknowledgement: thanks -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>
1/08	<p>Patrick McIntyre, Pain Management: I am happy with Dr. Aronson's performance. She developed a very nice rapport with most of the patients she saw in clinic. Dr. Aronson brings many years of experience in family medicine and psychiatry with her which is a nice background for the field of pain medicine. Resident Acknowledgement: Thanks. It was a pleasure to work with you - I admire your balance of efficiency, clinical skill, and ability to communicate and connect with your patients. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/08	<p>Joshua Goldner, Pain Management: focus on problem at hand, efficiency could be improved. Resident Acknowledgement: thanks, I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/08	<p>David Dininny, Anesthesiology: tremendous Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/08	<p>Peter Adamek, Anesthesiology: biggest weakness is awareness of time and efficiency is and continues to be lacking. anesthesia is a team sport, we all depend on quick work that is also accurate. it is important during residency to practice speed while under supervision. I believe the adage "it is hard to teach an old dog a new trick" applies. this anesthesia is on the other extreme of speed from family practice and psych. for example, when a patient is exsanguinating from a ruptured spleen one must recognize this and act quickly, setting up the room completely and talking to the patient at length is not appropriate. decision making at times needs to be quick. anyway this is some things for you to practice this last year. good luck, peter.</p> <p>Additional Comments: Explanation for a score of 2 out of 5 for the Interpersonal and Communication Skills: unable to multitask in a timely manner. Explanation for a score of 2 out of 5 for the Medical Knowledge: may be unable to realise patient is in bad shape, although this is difficult at times. Explanation for a score of 2 out of 5 for the Medical Knowledge: like death due to bleeding out. Explanation for a score of 2 out of 5 for the Medical Knowledge: ability to multitask while on call is in question. Explanation for a score of 2 out of 5 for the Patient Care: see above, perhaps more trauma anesthesia cases would help all the residents as a group Explanation for a score of 2 out of 5 for the Patient Care: see above Explanation for a score of 2 out of 5 for the Professionalism: again multitasking is in need of help.</p> <p>Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available</p>
1/08	<p>David Dininny, Anesthesiology: tremendous Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/08	<p>Jeffrey Grass, Anesthesiology: Strong performance with some very challenging cases. Resident Acknowledgement: thanks - interesting night -. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/08	<p>David Dininny, Anesthesiology: tremendous Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available</p>
1/08	<p>David Dininny, Anesthesiology: tremendous</p>

ARON 0037

	Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
1/08	Jeffrey Grass, Anesthesiology: Excellent job with very complex cases on a very busy call night. Resident Acknowledgement: learned lots - good experience. thanks - I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
1/08	Mark Zahniser, Anesthesiology: No comments. Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Confidential Comments: Comments visible to program director only Program Director Comments: Comments Not Available
1/08	David Dininny, Anesthesiology: tremendous on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
1/08	David Dininny, Anesthesiology: tremendous on Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
1/08	David Dininny, Anesthesiology: tremendous on Resident Acknowledgement: thank, I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
1/08	David Dininny, Anesthesiology: tremendous on Resident Acknowledgement: knight uoy yrev hoom. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
6/08	Sheryl Modlin, Anesthesiology: good day, very helpful. Resident Acknowledgement: thanks, I appreciate the opportunity - I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
3/08	Barbara Dabb, Anesthesiology (Rotation: Anesthesia): no additional comments Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
7	Great resident to work with. Attentive to detail and well informed about her patients. Resident Acknowledgement: Comments Not Available Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
7	Peter Matgouranis, Anesthesiology (Rotation: Anesthesia): Sarah shared responsibilities with CAI and took on more supervising roles Resident Acknowledgement: thanks, always appreciate working with Dr Matgouranis. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
03	Michael Allosa, Anesthesiology (Rotation: Anesthesia): Good work placing an epidural in a challenging patient with ease. Resident Acknowledgement: thank you - I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
03	Girish Mulgarkar, Anesthesiology (Rotation: Anesthesia): very good Resident Acknowledgement: thank you. I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available Program Director Comments: Comments Not Available
03	Jeffrey Grass, Anesthesiology (Rotation: Anesthesia): Ready to be an attending. Technical skills very much improved. Resident Acknowledgement: Thank you - I, I acknowledge receipt of this evaluation. Evaluator Acknowledgement: Comments Not Available

12/17/08

Dr. Wallace,

I am writing to document our conversation from October concerning the disturbing events of 10/3/08-10/4/08 involving Dr. Sarah Aronson while on call in the SICU. I spoke with Sarah Friday night 11/3/08 approximately 1030 pm, we reviewed the patients on service, I then instructed Sarah to call me with any questions, concerns or issues that may arise with the patients. The first call I received from Sarah was Saturday 10/4/08 at 430am concerning a patient with a rapid ventricular rate. I was told by Dr Aronson the patients blood pressures were not an issue, and she had attempted heart rate control with metoprolol and amiodarone, the patient was then experiencing "pauses", transcutaneous pacer patches were applied and she called the family to tell them of the patient's condition. The plan was to keep cardioversion in mind should the patients pressures become unstable, not to give further beta blockade and to discontinue the amiodarone drip.

After arriving to the hospital, speaking with several nurses involved with the case and reviewing the patients flow sheet it was clear Dr. Aronson actually gave orders to the nurses to give drugs I had specifically stated not to give, had mismanaged this patient prior to calling me, did not completely inform me of all the different drugs she had given, and completely disregarded the nurses concerns(causing heart block, it was the nurse who applied the pacer patches) of consequences of her treatment stating I was fully aware of the treatments she was implementing. Fifteen minutes after we ended our 430 am conversation Dr. Aronson gave another 100mg bolus of amiodarone,(after being instructed by myself to discontinue amiodarone) this patient was having complete heart block secondary to all of the different agents she had been given , the amiodarone drip was not discontinued until after 6am.

I was disturbed by Dr. Aronsons clinical decisions and consequences for the patient, and also what seemed to be complete disregard for my instructions. I wanted to make sure I was clear when we had spoken at 430am so I asked Sarah what she thought the plan was for this patient when we ended our conversation. Sarah stated exactly what it was, do not give beta blockade and discontinue the amiodarone drip. I then asked Sarah to explain how these things occurred, I never got a clear concise answer from her, she also stated that some of her treatment plans came from a previous discussion we had at approximately 300am, phone records will show we never had a conversation prior to the 430 am conversation. I told Dr. Aronson I did not recall this conversation but I do know her management of this patient would have been nothing I would have ever instructed or advised.

I have many concerns revolving around just this one case. First, Sarah should have called me long before 430 for guidance, she neglected to give me all of the pertinent information, she disregarded the nurses concerns, she implemented treatment I had specifically said not to, and when asked how all of this happened she took no responsibility and never had a clear answer for the sequence of events. This is a scary dangerous combination! Let me know if you have any questions.

Tracy Bartone

Resident Comments

All Evaluations

UHC - Department of Anesthesiology

[Back to Menu](#)

Report Date Range: 10/01/2008 - 10/31/2008

Report Date/Time: 8/9/2010 6:15:26 PM

Comments

Aronson, Sarah (PGY - 5)

Matthew Norcia, Anesthesiology - General (Rotation: Anesthesia): Verbal responses to many questions or statements are delayed, including straight forward issues. She usually gets the work done but it takes considerably longer than expected. I have not had the opportunity to see Dr Aronson perform in a critical situation so I'm not sure if she could respond appropriately. This leads me to conclude that she does not perform at the level of A CA3 in the last six months of her training.

Additional Comments:

Explanation for a score of 2 out of 5 for the Patient Care: see comments

Explanation for a score of 2 out of 5 for the Overall/Summary: see comments

Resident Acknowledgement: Thank you for your comments. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Comments Not Available

Program Director Comments: Comments Not Available

Gerald Jonsyn, Anesthesiology - General (Rotation: Anesthesia): Dr Sarah Aronson clinical performance was definitely substandard for her level during this rotation. She does not take any responsibility for her actions nor did she accept any leadership role for the service or the team. Her patient care management leaves a lot to be desired. I had some meetings with her and the rest of the team during this rotation just to highlight her weaknesses and subsequently the weaknesses of the team and the questionable patient care she was providing. But unfortunately Dr. Aronson, clinical performance did not improve. Actually she functioned as if she was a PGY1 throughout the entire rotation.

Additional Comments:

Explanation for a score of 2 out of 5 for the Medical Knowledge: *No comments provided*

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement: *No comments provided*

Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement: *No comments provided*

Resident Acknowledgement: I have submitted my comments regarding this rotation previously. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Dr Sarah Aronson clinical performance was definitely substandard for her level during this rotation. She does not take any responsibility for her actions nor did she accept any leadership role for the service or the team. Her patient care management leaves a lot to be desired. I had some meetings with

EXHIBIT RR

her and the rest of the team during this rotation just to highlight her weaknesses and subsequently the weaknesses of the team and the questionable patient care she was providing. But unfortunately Dr. Aronson, clinical performance did not improve. Actually she functioned as if she was a PGY1 throughout the entire rotation.

Program Director Comments: Comments Not Available

Gerald Jonsyn, Anesthesiology - General (Rotation: Anesthesia): Dr Sarah Aronson clinical performance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknesses and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She acknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat this school year or transfer to another program or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt.

Additional Comments:

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Patient Care: *No comments provided*

Explanation for a score of 2 out of 5 for the Practice-Based Learning and Improvement: *No comments provided*

Resident Acknowledgement: no comment. I acknowledge receipt of this evaluation.

Evaluator Acknowledgement: Comments Not Available

Confidential Comments: Dr Sarah Aronson clinical performance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknesses and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She acknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat this school year or transfer to another program or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt.

Program Director Comments: Comments Not Available

Optional Confidential Comments

Aronson, Sarah (PGY - 5)

Gerald Jonsyn, Anesthesiology - General: Dr Sarah Aronson clinical performance was definitely substandard for her level during this rotation. She does not take any responsibility for her actions nor did she accept any leadership role for the service or the team. Her patient care management leaves a lot to be desired. I had some meetings with her and the rest of the team during this rotation just to highlight her weaknesses and subsequently the weaknesses of the team and the questionable patient care she was providing. But unfortunately Dr. Aronson, clinical performance did not improve. Actually she functioned as if she was a PGY1 throughout the entire rotation.

Gerald Jonsyn, Anesthesiology - General: Dr Sarah Aronson clinical performance and leadership skill have still not improved. She is definitely going to need a lot of coaching and mentoring. Again, I had a meeting with her and the rest of the clinical team. I informed her about her weaknesses and therefore the weaknesses on the clinical team. Again, I asked her for explanations and feedbacks. She acknowledged my findings and observations but offered no explanations. I did inform her that I would strongly recommend for her to repeat

this school year or transfer to another program or consider a fellowship before going into medical practice in the future, because of her significant weaknesses, which must be improved for patient safety and patient management, and also, for her benefit and for those of her patients. Again, her overall performance was below the accepted standard for her level PGY-3, but I will give her the benefit of the doubt.

This document contains confidential peer review information to be used in the assessment of the quality of the delivery of healthcare. This document and the information in it are confidential and should not be distributed outside the relevant review committees.

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From: Aronson, Sarah
Sent: Monday, December 01, 2008 7:22 AM
To: Dininny, David
Subject: RE: request

Dave,
Thanks very much for your directness. Not exactly what I wanted to hear but confirms a concern of mine coming from you, as I consider you a more reliable source than some. I know you're not asking for further info, but I've been on topamax for migraine prophylaxis over the past year that I think has slowed my brain down gradually as the dose was titrated up, and so I'm now getting rid of it as expeditiously as possible. I've had people complain about various things about me over the years, but slow thinking was never one of them. I hope this'll fix the issue.

Thank you,
Sarah

*Sarah Aronson, MD
UHHS/Case School of Medicine*

From: Dininny, David
Sent: Sun 11/30/2008 16:05
To: Aronson, Sarah
Subject: RE: request

Sarah,

Sorry this is so long in coming. In general, I felt that you did an adequate job during your month of vascular. Efficiency and responsiveness are much harder to quantify. My bigger concern is more your level of thinking. Seeing that you are done with your 36 months around 2/09 your thought processes do not seem to be at the level of one who is close to being an attending. You followed direction well and the cases went well but your thought processes seem to be at the level of an experienced anesthetist. I expect someone at your level to think more like an attending. Whether we agree on style/plan is less important than you having a plan/style of your own. It doesn't seem to me that your management anticipates potential problems and options as well as I would have hoped. I don't think that it is necessarily lack of knowledge but the ability to translate knowledge into action. I don't think that this is the kind of evaluation that you are looking for so unless you tell me otherwise this conversation is only between us.

Dave

-----Original Message-----

From: Aronson, Sarah
Sent: Thu 11/27/2008 2:18 AM
To: Dininny, David
Subject: request

Dave,

I have a request - almost a year ago, in Jan-Feb, I received several evaluations from faculty that I needed to be more efficient and more responsive in the OR. I have been consciously working on that since then, but because of my rotation schedule, I don't have much in the way of documented evaluations for the past 6 months to address that issue. I did my vascular month this past May; would you be willing/able to give me a more detailed evaluation for that rotation, or any other cases we've done together?

I appreciate any thoughts you have on the topic,
Sarah

*Sarah Aronson, MD
UHHS/Case School of Medicine*

EXHIBIT VV

12-9-08

Dear Drs. Wallace and Norcia

I have been asked by Dr. Sarah Aronson to evaluate her efficiency and responsiveness in our residency program. She was the block resident during the month of November, and I worked with her performing peripheral nerve blocks on somewhere between 5-8 days of the month. I also was the "pain attending" supervising her work with the patients on our pain service for 3-4 days of the month.

Although am doing this in a post-hoc fashion, I will try to do it justice. Dr. Aronson was able to attempt, and successfully complete, many peripheral nerve blocks under my supervision. She did take longer than most residents to prepare for and to perform the blocks. Her pace, however, was not egregiously slow. I did do some blocks on my own, but I do that every month—on some days there are simply too many blocks for one resident to perform. A faster resident would have been able to do a few more. Together, we did not have any complications, and therefore did not have any situations that required immediate differential diagnosis and intervention. Prior to my rounding on the pain service patients, Dr. Aronson first saw the patients herself. My sense is that she took longer than most senior residents to evaluate and assess the patients on the service, but this is a "soft" impression. Again, the time spent on this was not egregious. She was aware of issues raised by the patients and their respective surgical services, discussed them with me, and responded to them in an acceptable time frame.

Please contact me if I can be of any further assistance

Adam Haas, M.D.

July 13, 2009

Dr. Shuck,

I would appreciate your intervention on my behalf regarding the concerns addressed in this letter. I am eager to graduate on time without continued roadblocks that are clearly discriminating me from other residents when my performance has been satisfactory.

June 28, 2009: I submitted a request for FMLA time for the adoption of my son. This was approved through the usual HR channels.

July 7, 2009: I asked the residency coordinator and chief resident whether my trauma rotation at Metro had been arranged as previously discussed with the program directors. She indicated that the rotation had not been arranged and she would look into it. This is the only required training I have left to do, as it was bumped from the schedule in January 2009.

July 9, 2009: I approached Dr. Nearman to clarify how I would make up any FMLA day(s) I would use that went over allowed time away from residency. He directed me to Dr. Norcia, and I contacted him with the same question.

July 10, 2009: I heard back from the chief resident with a cc to Dr. Wallace. In this email I was told that I would be going to Metro for the first half of the month and would be in the ICU for the second half, that being my last 2 weeks of the residency.

The original question of how the FMLA time would be made up has not yet been addressed.

I have several concerns:

1. How can the FMLA time be made up in a way to allow me to graduate August 31, 2009? Weekend? Evening?
2. The timing of the request for FMLA to Dr. Norcia (July 9, 2009) and the subsequent scheduling (July 10, 2009) of the most demanding and stressful service during a time when most graduating residents would be on a flexible float schedule gives the appearance of retaliation and discrimination for the FMLA request. Drs. Norcia and Wallace have had 6 months to schedule the ICU if they felt it important (I inquired about it a number of times). I object to discriminatory and punitive scheduling, while basic educational responsibilities are neglected.
3. This abrupt scheduling of the ICU rotation will now occur while I have approved FMLA time to adopt my son. Drs. Norcia and Wallace again

disregard any concerns about educational training until it involves a request for leave to attend the birth of my son (December 2008) or to adopt my son (August 2009). This pattern of retaliation/discrimination was first carried out in December 2008 when 12 days of PTO was used by Drs. Wallace and Norcia to obtain a "fitness for duty" exam when my maternity leave had been scheduled months in advance (due date: December 22, 2008). The incident for which they pulled me off duty in December 2008 ostensibly occurred first week of October 2008 when I was in the ICU, at which time they left me on duty to complete the rotation.

4. Given Dr. Wallace's primary role in these scheduling assignments, and his evident desire to find a reason to dismiss me, this points to a lack of concern about educational training and instead a desire to retaliate against me and discriminate me from other residents. Dr. Wallace's and Dr. Norcia's behaviors continue to create a hostile work environment that is not conducive to resident training.
5. I need a reading day for August 3, 2009 as boards are on August 4, 2009 (I have never been given a reading day during the residency of 3.5 years). Can you assist in securing this day?

Thank you for taking the time to address these concerns.

A handwritten signature in black ink, appearing to read 'S. Aronson', with a long horizontal line extending to the right.

13 July 2009
S. Aronson, MD
Clinical Asst Prof, Case School of Medicine

Printable Form

Page 1 of 6

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Phone: (919) 881-2570 Fax: (919) 881-2575 Web Site: www.theABA.org

Page: 1 of 4

Resident Name: Sarah Cymry Aronson, M.D.
Resident ABAID#: 3586-2786
Training Period: 2008B
Resident Program: Core Anesthesiology Program #140-015 - University Hospitals of Cleveland

Attached please find a copy of the Clinical Competence Committee Report, which was submitted electronically for the above-named physician. The resident received an overall clinical competence grade of unsatisfactory for the current report period.

The Board requires that the Program Director and/or the clinical competence committee chair and the above-named resident provide acknowledgement that the designated program faculty and the resident have reviewed this important information.

Please note that a resident will have to extend his/her Clinical Anesthesia training beyond 36 months in order to satisfy the requirements of the continuum of education in anesthesiology if:

- ☐ The resident received a CCC Report that is not satisfactory for the most recent period of Clinical Anesthesia training preceding the current report period OR
- ☐ The resident receives a CCC Report that is not satisfactory for Clinical Anesthesia training during the next period of training, OR
- ☐ The resident leaves the program without receiving a satisfactory CCC Report covering the next six months of Clinical Anesthesia training.

The ABA policy regarding creditable CA training is outlined in detail in the Booklet of Information (Section 2.02 C), which is available on the ABA web site at www.theABA.org.

I attest that the Anesthesiology program faculty and/or staff have informed the resident about his/her unsatisfactory Clinical Competence Committee Report, and that the resident has reviewed this information.

 Program Director OR Clinical Competence Committee Chair

 Date

I attest to the fact that the anesthesiology program faculty and/or staff have informed me that my overall clinical competence grade was unsatisfactory for the most recent training period. My signature does not necessarily imply that I agree with the evaluation of my clinical competence.

 Resident Signature

 Date

If you are unable to acquire the resident's signature, please send a brief written explanation providing the reason.

PLEASE RETURN THIS ORIGINAL FORM WITH THE APPROPRIATE SIGNATURES AND DATES TO THE ABA OFFICE BY Jan 31, 2009.

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Page 2 of 6

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Page: 2 of 4

Record of Training Report - Previous Training

Resident Name: Sarah Cymry Aronson, M.D.
 Resident ABAID#: 3586-2786
 Training Periods: All periods prior to 2008B
 Resident Program: Core Anesthesiology Program #140-015 - University Hospitals of Cleveland

Previous Training Details

Program	From	To	Type	Grade	Trained	Credit	CCM Trained	CCM Credit
140-015	1/2008	6/2008	Clinical Anesthesia	S	6	6	0	0
140-015	7/2007	12/2007	Clinical Anesthesia	S	6	6	0	0
140-015	1/2007	6/2007	Clinical Anesthesia	S	6	6	0	0
140-015	7/2006	12/2006	Clinical Anesthesia	S	6	6	0	0
140-015	3/2006	6/2006	Clinical Anesthesia	S	4	4	2	2
888-888	1/1988	6/1988	Clinical Base	S	6	6	-	-
888-888	7/1987	12/1987	Clinical Base	S	6	6	-	-

Previous Training Summary

Clin Base	Clin Anes	CCM Mths	Research	Pain Med	Cr Care Med	Peds	Ad Cardio
12	28	2	0	0	0	0	0

Additional Required Training Summary

Clin Base	Clin Anes	CCM Mths	Research	Pain Med	Cr Care Med	Peds	Ad Cardio
0	8	0	0	0	0	0	0

Graduation Summary

Core Estimated	Core Actual	PM Estimated	PM Actual	CCM Estimated	CCM Actual
2/2009	--	--	--	--	--
Peds Estimated	Peds Actual	Cardio Estimated	Cardio Actual		
--	--	--	--		

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Page 3 of 6

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Phone: (919) 881-2570 Fax: (919) 881-2575 Web Site: www.theABA.org

Page: 3 of 4

Record of Training Report - Current Training

Resident Name: Sarah Cymry Aronson, M.D.
Resident ABAID#: 3586-2786
Training Period: 2008B
Resident Program: Core Anesthesiology Program #140-015 - University Hospitals of Cleveland
Training

	Jul	Aug	Sep	Oct	Nov	Dec
Clinical Base						
Clinical Anesthesia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Research Experience						
Requalification						
Leave Of Absence						
None - Not Enrolled In Program						

Will this Resident Continue Training Next Period? Yes

Clinical Base Rotations - Clinical Base Training Only!

Rotation type	Months Trained	Rotation type	Months Trained
<input checked="" type="checkbox"/> Anesthesiology	0	<input checked="" type="checkbox"/> Critical Care Medicine	0
<input checked="" type="checkbox"/> Emergency Medicine	0	<input checked="" type="checkbox"/> Family Practice	0
<input checked="" type="checkbox"/> Internal Medicine	0	<input checked="" type="checkbox"/> Neurology	0
<input checked="" type="checkbox"/> Obstetrics/Gynecology	0	<input checked="" type="checkbox"/> Pediatrics	0
<input checked="" type="checkbox"/> Surgery	0	<input checked="" type="checkbox"/> Surgical Specialties	0
<input checked="" type="checkbox"/> Other	0		

Clinical Base Program**Program Name:****Program City:****Program State:****Program Director:****Program Type:****Clinical Anesthesia Rotations - Clinical Anesthesia Training Only!**

Rotation type	Months Trained
<input checked="" type="checkbox"/> Clinical Anesthesia	6

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Page 4 of 6

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Page: 4 of 4

Resident Name: Sarah Cymry Aronson, M.D.
Resident ABAID#: 3586-2786
Training Period: 2008B
Resident Program: Core Anesthesiology Program #140-015 - University Hospitals of Cleveland

Section 6 - Clinical Competence Report

Clinical competence in anesthesiology, as defined by the American Board of Anesthesiology (ABA), is the initial step toward Board certification in anesthesiology.

The Committee may adopt any form to facilitate the evaluation process; however, the ABA's online report form must be completed by selecting either of two grades:

Satisfactory: Consistently meets reasonable expectations.

Unsatisfactory: Often falls short of reasonable expectations.

Not applicable should be used to denote only those categories not required during the resident's current training rotations.

Evaluation of categories should be relative to that expected for the **current level of training**.

CATEGORIES (As described in the ABA statement "Defining the First Step Toward Board Certification and Maintenance of Certification in Anesthesiology")

Essential Attributes

#	Question	S	U	
1	Demonstrates high standards of ethical and moral behavior.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Demonstrates honesty, integrity, reliability, and responsibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Learns from experience; knows limits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Reacts to stressful situations in an appropriate manner.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Has no documented abuse of alcohol or illegal use of drugs during this report period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Has no cognitive, physical, sensory or motor impairment that precludes acquiring and processing information in an independent and timely manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Demonstrates respect for the dignity of patients and colleagues, and sensitivity to a diverse patient population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Patient Care

#	Question	S	U	N/A
1	Demonstrates patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Respects patient privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates appropriate concern for patients and a commitment to carrying out professional responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is an advocate for quality care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Demonstrates use of a sound background in general medicine in the management of problems relevant to the specialty of anesthesiology.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Recognizes the adequacy of preoperative preparation of patients for anesthesia and surgery, and recommends appropriate steps when preparation is inadequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Selects anesthetic and adjuvant drugs and techniques for rational, appropriate, patient-centered and cost-effective anesthetic management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Recognizes and responds appropriately to significant changes in the anesthetic course.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Provides appropriate post-anesthetic care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Provides appropriate consultative support for patients who are critically ill.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Evaluates, diagnoses, and selects appropriate therapy for acute and chronic pain disorders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Knowledge

#	Question	S	U	N/A
1	Possesses an appropriate fund of medical knowledge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Page 5 of 6

2	Is appropriately self-confident; recognizes gaps in knowledge and expertise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates medical knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice-Based Learning and Improvement

#	Question	S	U	N/A
1	Demonstrates learning and improvement that involves the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence and improvements in patient care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is committed to practice-based learning and improvement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Possesses business skills important for effective practice management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is complete, accurate and timely in record keeping.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal and Communication Skills

#	Question	S	U	N/A
1	Demonstrates effective interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other healthcare professionals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is adaptable and flexible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is careful and thorough.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professionalism

#	Question	S	U	N/A
1	Demonstrates a commitment to carrying out professional responsibilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Adheres to ethical principles.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Demonstrates sensitivity to a diverse patient population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Systems-Based Practice

#	Question	S	U	N/A
1	Demonstrates an understanding of the healthcare system and the ability to effectively call on system resources to provide optimal patient care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Demonstrates an awareness of and responsiveness to the larger context and system of health care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Skills

#	Question	S	U	N/A
1	General preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	General anesthesia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Regional anesthesia and pain management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Special procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL CLINICAL COMPETENCE

#	Question	S	U	
1	OVERALL CLINICAL COMPETENCE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Section 7 - Explanation

The faculty, through the residency competency committee, has determined that Dr. Aronson's performance does not meet expectations for a resident of her level of training; therefore, for the reporting period of July 1, 2008 through December 31, 2008 she will receive an unsatisfactory evaluation on the Clinical Competence Report to the American Board of Anesthesiology. This decision is based on the following criteria. Under the category of Essential Attributes, the committee has determined that she has been unable to demonstrate the ability to react to stressful situations in an appropriate manner. Under the category of Professionalism, she has failed to carry out her professional responsibility of notifying the Residency Program Directors that she was taking a prescribed medication that could impair her judgment and/or job performance, as required by hospital policy. Additionally, under the category of Patient Care, she has failed to demonstrate her ability to recognize and respond appropriately to significant changes in the anesthetic course.

Approvals

Approved by Program Director: 1/30/2009 4:31:19 PM

Approved by Clinical Competence Committee Chair: 1/30/2009 4:32:37 PM

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Page 6 of 6